

FILED OCT 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35972

BIRTH NO. _____		REG. DIST. NO. 358		PRIMARY REG. DIST. NO. 4523		Registrar's No. 18	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>			
b. CITY OR TOWN <u>Schell City</u>				c. CITY OR TOWN <u>Rural West Speedwell</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0930</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ISAAC</u>		b. (Middle) <u>LEVI</u>		c. (Last) <u>LUTHER</u>	
4. DATE OF DEATH		(Month) <u>OCT.</u>		(Day) <u>8</u>		(Year) <u>1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 22, 1856</u>	
9. AGE (In years last birthday) <u>94</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>15</u>		IF UNDER 1 WEEK Hours <u></u> Mins. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>West Plains, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John William Luther</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Stafford</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>F. S. Luther</u> ADDRESS <u>Elkhart, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u> and (b) <u>hemorrhage of bowels</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153X				INTERVAL BETWEEN ONSET AND DEATH <u>Don't know</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Sep 8th</u> , 1950, to <u>Oct 8</u> , 1950, that I last saw the deceased alive on <u>Oct 8</u> , 1950, and that death occurred at <u>5:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. W. Gray M.D.</u>		(Degree or title) _____		23b. ADDRESS <u>Schell City, Mo.</u>		23c. DATE SIGNED <u>10-11-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 12, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove Cemetery</u>		24d. LOCATION (City, town, or county) <u>Schell City St. Clair Mo.</u> (State) _____	
DATE REC'D BY LOCAL REG. <u>Oct 12-1950</u>		REGISTRAR'S SIGNATURE <u>Mrs Sarah E. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lewis & Son</u>		ADDRESS <u>Schell City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED

OCT 23 1950

Dist. File 1050-2136

Date Filed 10-23-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed

Marion M. Lewis

Licensed Embalmer No. 3084

P. O. Address Schell City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.